

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLINICAL RESEARCH DATA MANAGEMENT SYSTEM AND METHOD

- ☒ which is attached hereto
- ☐ which was filed on:
- ☒ which is identified by Dechert Attorney Docket No.: 369526-101
- ☐ which was assigned Application Serial No.:
and was amended on: (if applicable)

I hereby authorize any attorney associated with Customer No. 25561 to insert the Application Serial No. associated with the above identified application once it is assigned by the U.S. Patent & Trademark Office.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<u>Number</u>	<u>Country</u>	<u>Date Filed</u> (mo/day/year)	<u>Priority Claimed</u> (yes or no)
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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application
Serial No.

Filing Date

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Any attorney associated with Customer No. 25561

Send Correspondence to:

The address associated with Customer No. 25561

Direct Telephone Calls to:

Daniel S. Goldberg
Dechert
(609) 620-3218

Full name of Inventor: Robert Hotchkiss, MD
Inventor's signature: Robert Hotchkiss
Date: 1/18/02
City and State of Residence: Riverside, CT
Citizenship: US
Post Office Address: 144 Indian Head Road
Riverside, CT 06878

Full name of Inventor: Tom Bloomfield
Inventor's signature: _____
Date: _____
City and State of Residence: Derry, NH
Citizenship: US
Post Office Address: 23 Village Brook Lane
Derry, NH 03038

Full name of Inventor: Brent Gendleman
Inventor's signature: _____
Date: _____
City and State of Residence: Washington DC
Citizenship: US
Post Office Address: 2702 12th St NE
Washington, DC 20018

Full name of Inventor: Kevin Puscas

Inventor's signature: _____

Date: _____

City and State of Residence: Germantown, MD

Citizenship: US

Post Office Address: 13512 Ansel Terrace
Germantown, MD 20874

Full name of Inventor: Paul Duvall

Inventor's signature: _____

Date: _____

City and State of Residence: Annandale, VA

Citizenship: US

Post Office Address: 4745 Kandel Court
Annandale, VA 22003

Full name of Inventor: Greg Gurley

Inventor's signature: _____

Date: _____

City and State of Residence: Cabin John, MD

Citizenship: US

Post Office Address: 6521 75th Street
Cabin John, MD 20818

Full name of Inventor: Rob Daly

Inventor's signature: _____

Date: _____

City and State of Residence: Washington, DC

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Riverside, CT 06878

Full name of Inventor: *Thomas W. TWB 1/18/02*
~~Tom Bloomfield~~

Inventor's signature: *Thomas W. Bloomfield*

Date: *1/18/02*

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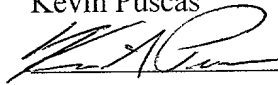
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Date:

January 18, 2002

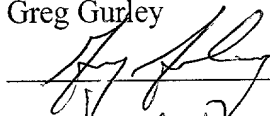
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